

Attachment A

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

LAWRENCE C. BOYKIN SR.
Your full name

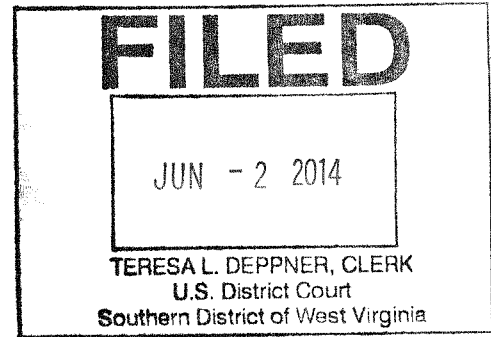
STATE CIVIL RIGHTS COMPLAINT
PURSUANT TO 42 U.S.C. § 1983

v.

Civil Action No.: 2:14-cv-17409
(To be assigned by the Clerk of Court)

F.B.O.P.
FEDERAL BUREAU OF PRISONS

Enter above the full name of defendant(s) in this action



I. JURISDICTION

This is a civil action brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over this action pursuant to Title 28 U.S.C. §§ 1331 and 2201.

II. PARTIES

In Item A below, place your full name, inmate number, place of detention, and complete mailing address in the space provided.

A. Your Name: LAWRENCE C. BOYKIN SR.
Inmate No.: #12945-007
Address: FCI Gilmer, P.O. Box 1000, Glenville, W.V. 26351

In Item B below, place the full name of each defendant, his or her official position, place of employment, and address in the space provided.

B. Name of Defendant: U.S. ATTORNEY M. EHLERS
MUCH OF THE PAPERWORK IS NOT ANYTHING BUT COPIES THEN SENT
United States District Court Northern District of West Virginia-2013

I'm receiving the usual normal treatment "Please" supervise check my papers

Attachment A

Position: UNITED STATES ATTORNEY
 Place of Employment: SUPERIOR COURT OF WASH., D.C.
 Address: WASHINGTON, D.C. 20001

Was this Defendant acting under the authority or color of state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: HE WAS THE ATT. WHOM BROUGHT THE CASE AGAINST ME IN OR ABOUT 9/25/91 SERIAL MOLESTATION. ALSO WERE CITEKATE FOR EMERGENCY PAYMENT OF WITNESS FEES 16. ALL COPY'S IN THE COURT RECORDS FOR SERVICE OF WITNESS PAYMENTS. HE NEVER TOLD ANYONE OF THE DIFFERENTS IN "MOLEST"

B.1 Name of Defendant: SA. J. GONZALEZ (202) 434-8255
 Position: ATTORNEY AT LAW
 Place of Employment: WASH., D.C. 20004
 Address: 601 PENNSYLVANIA AVE. NW SOUTH BUILDING - SUITE 900

Was this Defendant acting under the authority or color of state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: I WAS BEING ORDERED TO COURT FOR MY KID'S. THIS TOOK PLACE IN THE SUPERIOR COURT OF THE DISTRICT OF COLUMBIA WHILE GOING TO COURT FOR MY SAID CHARGE. COURT RECORDS WILL SHOW

B.2 Name of Defendant: STATE OF NEW JERSEY
 Position: FLORENCE TWP. MUNICIPAL COURT / DAVIDER LUNY
 Place of Employment: FLORENCE TWP. POLICE DEPT.
 Address: HO TWP., BURLINGTON CO. N.J. 08518

Attachment A

Was this Defendant acting under the authority or color of state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: ON OCT. 30, 1977 I WAS CHARGED WITH N.Y.S. 2A:170-36, PLEAD GUILTY BOTH COUNTS SENTENCE BUR. CO. JAIL 18 DAYS CREDIT TIME SERVED + RELEASED IMMEDIATELY WAS SAID TO HAVE MOLEST AND INTERFERE
 * "PAPERWORK IS COPIED" COURT DOCKET NO. C-143-77 DIFFERENT KIND OF MOLEST

B.3 Name of Defendant: COMPUTERIZED CRIMINAL HISTORY RECORD
 Position: STATE BUREAU OF IDENTIFICATION
 Place of Employment: DIVISION OF STATE POLICE
 Address: P.O. BOX 7068, WEST TRENTON NJ 08625

NOTHING
 SEXUAL

Was this Defendant acting under the authority or color of state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: CHARGE AGGRAV. ASSAULT P.O. DEF CIT/NY 2A90-4 (103077), BUT IT READS MOLEST AND INTERFERE (2A:170-29) ONCE AGAIN NOT SEXUAL
 "WRONGFUL IMPRISONMENT"

B.4 Name of Defendant: UNITED STATE PAROLE COMMISSION
 Position: PAROLE COMMISSION
 Place of Employment: U.S. DEPT. OF JUSTICE
 Address: 5550 FRIENDSHIP BOULEVARD, L.A., CALIF., MARYLAND (CHEVY CHASE) 20815

Was this Defendant acting under the authority or color of state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: PIECE OF STATEMENT: SINCE YOUR LAST HEARING YOU HAVE COMPLETED NO PREPARING THAT ADDRESSES

(CON)

1.
(con) Page 9

THIS WAS FEB. 20, 2013

NAME LAWRENCE C. BOYKIN
#12845-007

COURT JACKET, INMATE PRISON JACKET AS WELL DDC No: 251-989
FREEDOM OF INFORMATION ACT. NOT TRUE FOR

BECAUSE YOU DO NOT ACCEPT RESPONSIBILITY FOR THE CRIMES FOR WHICH YOU HAVE
CONVICTED. THIS INDICATES TO THE COMMISSION THAT YOU ARE NOT LIKELY TO
MODIFY YOUR BEHAVIOR TO BE COMPLIANT WITH THE LAW.

THE COMMISSION FINDS THAT YOU REMAIN A RISK TO THE COMMUNITY AND
YOU ARE NOT SUITABLE FOR RELEASE IN THE NEAR FUTURE.

"COPY TO INMATE"

F.M.C.  FEDERAL MEDICAL CENTER, ROCHESTER MN.

Now: 8/16/04 IN ROCHESTER MN. I SPOKE WITH PSYC. ABOUT A SEX
DEFENDER'S PROGRAM. IN FORM: THE ONLY SEX DEFENDER TREATMENT
PROGRAM IS AT FCI BUTNER. BOYKIN'S MEDICAL CONDITION MAKES HIM AN
INAPPROPRIATE CANDIDATE FOR THE S.O.P.

"FCI ALLENWOOD"

* "COPIED ALREADY"

All this achieved in ^{item} 3 P.O. Box, White Deer, PA. 17887

AS WELL COMPLETED SEPT. 22, 13 (12 Hr.) A.A. PROGRAMMING, BREAKING
BARRIERS 11/5/10 (20 Hr.), PARENTING I, 4/1/10 (20 Hr.), PARENTING II
9/1/10 (20 Hr.), PARENTING III 10/28/10 (16 Hr.), PARENTING III 9/08/11
(12 Hr.) "AND NUMBER'S OTHERS PROGRAM'S"

* "COPIED ALREADY NOT SENDABLE"

I WAS CHARGED WITH SEXUAL ASSAULTING MY STEPSON (MOLESTING) NOW DO TO
(2A:170-29) SAME WORDS DIFFERENT MEANING'S ALL THIS AND I'M STILL BEING
HELD 36 DAYS - 6 MO. ENDED UP OVER 20 PLUS YEARS AND STILL COUNTING FOR
I PLEASE GO HOME WHAT PRICE CAN YOU PUT ON THIS MISTAKE MY LIFE
MY KID'S LIVES, MY PEOPLE'S LIVES HOW MUCH MORE BEFORE THIS MADNESS
ENDS LAWRENCE C. BOYKIN #12845-007 PLEASE HELP ME!!

I WAS CHARGED IN R.I. PROVIDENCE POLICE DEPT. WITH 1 DE
GREE CHILD MOLESTATION DEC. 11, 89, FEB. 26, 90 (NO TIRE BILL). I
WROTE: THERESE M. CARON ATT. (401) 831-1889, 55 BROADFORD ST., SUITE 203
D-110X2 100N1

2.

ON FEB. 26, 1990, YOUR CHARGE WAS REPORTED OUT OF THE GRAND JURY AS "NO TRUE BILL". BASICALLY, THIS MEANS THAT THE GRAND JURORS, AFTER HEARING TESTIMONY FOUND NO PROBABLE CAUSE TO INDICT YOU ON THE CHARGE "ANOTHER COPY CAN'T SEND"

WHEN I WAS CHARGED IN 9/26/91 WITH 6 COUNTS 3, CONSECUTIVE, 3 CONCURRENT OF CHILD MOLESTATION "NO PROOF" YET BECAUSE OF (2A:170-2A) NOT THE SAME MOLEST I WAS SENT TO PRISON. I NEVER BUCKED I TRIED TO MAKE THE POINT CLEAR "DIFFERENT WORDING" AND WAS SHUT DOWN AGAIN, AND AGAIN, AND AGAIN. I NEVER TALKED TO THE INMATE ADMINISTRATIVE REMEDIES I WAS SHUT DOWN TIME AFTER TIME, AFTER TIME. NOW IT'S GETTING (DIPPER) DEEPER. I CAN'T SEEM TO TALK TO ANY ONE I'M BEING SENT EVERYWHERE BUT WHERE YOU SAY: THE INMATE ADMINISTRATIVE REMEDIES I'M FORCED TO FILE A 42 U.S.C. § 1983 I'M BEING PAST AROUND, STEPPED OVER, JUST PLAIN IGNORED. SO I AM?

ALL THIS PROOF AND I'M STILL LOCKED UP. DO THE MATH

WRONGFUL IMPRISONMENT " I'M INNOCENT!!
" THANK YOU "

" PLEASE HELP ME " THE PAIN AND ANNOYANCE IS TOO GREAT. I NEED YOUR INTERVENTION.

AS WELL 16 CERTIFICATE FOR
EMERGENCY PAYMENT OF WITNESS

FEE'S

J. I. Gilmer

P.O. Box 1000

" Please before it's too late " GLENVILLE, W.V. 26351-6000

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THE UNDERLYING CAUSE OF YOUR CRIMINAL BEHAVIOR IN FACT AT YOUR HEARING YOU STATED THAT YOU WOULD NOT TAKE THESE PROGRAMS

(CLW) ON ANOTHER
PAGE OF PAPER'S

B.5 Name of Defendant: PROVIDENCE POLICE DEPT.
 Position: POLICE
 Place of Employment: RHODE ISLAND (PROVIDENCE)
 Address: SAME

Was this Defendant acting under the authority or color of state law at the time these claims occurred? ☒ Yes ☐ No

If your answer is "YES," briefly explain: (CASE ID 62-1989-7958)
6D, 7, 7DISP-CASE DISPOSED (CR) FILING DATE MON. DEC. 11, 89
DISPOSITION/DATE "NO TRUE BILL" 26/DEC/90
MORE WOOD FOR THE FIRE. "COPY NOT SENDABLE"

III. PLACE OF PRESENT CONFINEMENT

Name of Prison/Institution: FBI GILMER

A. Is this where the events concerning your complaint took place?
☐ Yes ☒ No

If you answered "NO," where did the events occur?

YES 3 NO THE BDP

B. Is there a prisoner grievance procedure in the institution where the events occurred? ☒ Yes ☐ No

C. Did you file a grievance concerning the facts relating to this complaint in the prisoner grievance procedure? ☐ Yes ☒ No

D. If your answer is "NO," explain why not I WAS SENT EVERYWHERE

Attachment A

*ELSE, THE CHARGE KEEPS ME FROM A FAIR HEARING.
THIS NEEDS YOUR INTERVENTION. PLEASE*

- E. If your answer is "YES," identify the administrative grievance procedure number(s) in which the claims raised in this complaint were addressed and state the result at level one, level two, and level three. **ATTACH GRIEVANCES AND RESPONSES:**

LEVEL 1 _____

LEVEL 2 _____

LEVEL 3 _____

IV. PREVIOUS LAWSUITS AND ADMINISTRATIVE REMEDIES

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? ☒ Yes ☒ No
- B. If your answer is "YES", describe each lawsuit in the space below. If there is more than one lawsuit, describe additional lawsuits using the same format on a separate piece of paper which you should attach and label: "IV PREVIOUS LAWSUITS"

1. Parties to this previous lawsuit:

"Still WAITING"

Plaintiff(s): _____

Defendant(s): _____

2. Court: _____

(If federal court, name the district; if state court, name the county)

3. Case Number: _____

4. Basic Claim Made/Issues Raised: _____

5. Name of Judge(s) to whom case was assigned: _____

Attachment A

6. Disposition: _____
(For example, was the case dismissed? Appealed? Pending?)
7. Approximate date of filing lawsuit: _____
8. Approximate date of disposition. **ATTACH COPIES**
- C. Did you seek informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part B? ☐ Yes ☒ No
- D. If your answer is "YES," briefly describe how relief was sought and the result. If your answer is "NO," explain why administrative relief was not sought.
TO BE RELEASE AS WELL PAYMENT FOR MISTAKE
I'VE BEEN LOCKED UP FOR 20 PLUS YEARS AS WELL MEDICAL
HELP. I WANTED THE FACTS TO COME OUT
- E. Did you exhaust available administrative remedies? ☐ Yes ☒ No
- F. If your answer is "YES," briefly explain the steps taken and attach proof of exhaustion. If your answer is "NO," briefly explain why administrative remedies were not exhausted.
MY MEDICAL HEATH IS BAD, I'M WHEELCHAIR, CAN'T WALK
DIED TWO TIMES, MY ASPHYXIA WOULDN'T LET ME BREATHE, LUPUS,
HIGH BLOOD, NO REP IN LEFT HAND, SICK CHECK MY MED JACKET
CATHARTIC IN EYES, SLOW MEMORE, DIZZIES, CRONIC PAIN SICKLE CELL,
- G. If you are requesting to proceed in this action *in forma pauperis* under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label "G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS"

Attachment A

1. Parties to previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. Name and location of court and docket number:

3. Grounds for dismissal: ☐ frivolous ☐ malicious
☐ failure to state a claim upon which relief may be granted

4. Approximate date of filing lawsuit: _____

5. Approximate date of disposition: _____

V. STATEMENT OF CLAIM

State here, as **BRIEFLY** as possible, the facts of your case. Describe what each defendant did to violate your constitutional rights. **You must include allegations of specific wrongful conduct as to EACH and EVERY defendant in the complaint.** Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, you must number and set forth each claim in a separate paragraph. **UNRELATED CLAIMS MUST BE RAISED IN A SEPARATE CIVIL ACTION. NO MORE THAN FIVE (5) TYPED OR TEN (10) NEATLY PRINTED PAGES MAY BE ATTACHED TO THIS COMPLAINT. (LR PL 3.4.4)**

CLAIM 1: I WAS SENTENCE BY WRAPPING
I WAS SENTENCE 6 COUNT'S + ALL RECORDS HOLDING IN PRISON RECORDS
AS WELL COURT RECORDS. MOLESTION ? (B)

Supporting Facts: MY MOLESTION IS (UNLAWFUL) 2A: 17D-29
OCT 30 77 COURT DISTRICT NO C-245-77 (COURT CODE NO. 0392)
NEW JERSEY STATUTES ANNOTATED TITLE 2A: ADMINISTRATION
H. SUP. BURL. CO. CIVIL AND CRIMINAL JUSTICE
COMPLAINANT J. BAILING 2A: 85 TO 2A: END
Nov. 17, 77 BURL. CO PROS. OFFICE "COPY NOT SENDABLE"

Attachment A

CLAIM 2: CERTIFICATE FOR EMERGENCY PAYMENT OF WITNESS FEES
 A178893, A190286, A181439, A181438, A181374, A181373, A181372, A181371,
 A181344, A190246, A190245, A190244, A190243, A190242, A181339, AND A190230
 "COPY NOT SENDABLE"

Supporting Facts: THEY STATE: I AM ^{NOT} BEING PAID FOR ANY SERVICE
OTHER THAN AS A WITNESS

"THEY WERE PAID TO TESTIFY."

CLAIM 3: I WAS FORCED TO ATTEND COURT FOR MY OTHER CHILDREN
WHILE LOCKED UP FOR THIS CRIME: SUPERIOR COURT OF THE DISTRICT
OF COLUMBIA COURT RECORDS, ATTORNEY A.J. GONZALES (2008) 434-8255

Supporting Facts: THIS WENT ON CLEAN AFTER - JAN. 1, 2003 WHAT CHILD
MPESTER DOES THIS.

JACKET N694-91 (FILE 139874) AND N691-91 (FILE 139871)
 LAWRENCE & PREVIOUS BOYKIN
 4/12/13 "COPY NOT SENDABLE"
 CLAIM 4: U.S. PAROLE COMMISSION CLAIMS: YOU HAVE SINCE YOUR LAST HEARING
YOU HAVE COMPLETED NO PROGRAMING THAT WOULD ADDRESSES THE UNDERLYING
CAUSE OF YOUR CRIMINAL BEHAVIOR. IN FACT AT YOUR LAST HEARING, YOU STATED THAT

Supporting Facts: YOU WOULD NOT TAKE THESE PROGRAMS BECAUSE YOU DO NOT
ACCEPT RESPONSIBILITY FOR THE CRIMES FOR WHICH YOU HAVE BEEN CONVICTED.
THIS INDICATES TO THE COMMISSION THAT YOU ARE NOT LIKELY TO MODIFY YOUR
BEHAVIOR TO COMPLIANT WITH THE LAW.

CLAIM 5: THE COMMISSION FINDS THAT YOU REMAIN A RISK TO THE COMMUNITY
AND YOU ARE NOT SUITABLE FOR RELEASE IN THE NEAR FUTURE, IN WHITE DEER (DEM)
AA PROGRAMING (SEPT. 23, 13) (12 hr.), BREAKING BARRIERS (11/5/10) (20 hr.) PARENTING 1, 2, 3, 4.
30 hr., 30 hr., 16 hr., 12 hr.

8/16/04 Supporting Facts: BUT IN ROCHESTER MN. 8/16/04 I SPOKE WITH THE
PSY. DEPT. AND TRIED TO GET THIS PROBLEM RIGHT? THE ONLY
SEX OFFENDER TREATMENT PROGRAM IS AT FCI BUTNER. BOYKIN'S MEDICAL
CONDITION MAKES HIM AN INAPPROPRIATE CANDIDATE FOR THE ST. TP.

VI. INJURY AND A HOST OF OTHER'S PROGRAMS "COPY ALREADY CAN'T SEND"

Attachment A

Describe **BRIEFLY and SPECIFICALLY** how you have been injured and the exact nature of your damages.

BRING THIS NIGHTMARE TO AN END AS WELL PAYMENT FOR MASSING UP MY LIFE FOR 20 PLUS YEARS, AND MEDICALLY TREAT THIS BOY WITH RESPECT. MY KIDS, MY PEOPLE'S, MY LIFE I WANT IT BACK (5)

VII. RELIEF

State **BRIEFLY and EXACTLY** what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.

WRONGFUL IMPRISONMENT.
" I WANT MY LIFE BACK " I WOULD LIKE TO BE FREED OF THIS, " YOU TELL ME!! AND I WISH TO BE PAID FOR THIS MISTAKE (6)

DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at W.I. Gilmer
(Location)

on

(Date)

Your Signature

Attachment E

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

LAURENCE C. BOYKIN SR.
Your full name 

v.

Civil Action No.: 2:14-CV-17409

A.B.D.P.
FEDERAL BUREAU OF PRISONS

Enter above the full name of defendant(s) in this action

Certificate of Service

I, LAURENCE C. BOYKIN SR. (your name here), appearing *pro se*, hereby certify that

I have served the foregoing 42 U.S.C. § 1983 (title of document

being sent) upon the defendant(s) by depositing true copies of the same in the United States

mail, postage prepaid, upon the following counsel of record for the defendant(s) on

5/5/14 (insert date here):

(List name and address of counsel for defendant(s))

Laurence C. Boykin Sr.
(sign your name) 